

INTRODUCTION

I'll never forget the moment when I first became a dad. The feeling of sheer terror that my son would not survive childbirth was quickly replaced with the amazement of being part of creating a new life. The next couple of days at home for me were just a blur of "final" preparations. Then came the real moment of departure: bringing my son home from the hospital. Three-day-old Reuben was all cuddled in, not a care in the world, and about 5 minutes into the ride home with me and his mother, reality hit me. No more nurses showing me how to feed him. No one who could translate baby cries into "I'm hungry," "I need a burp," "I'm cold," "I need a hug," "I'm tired," or "I'm wet and poopy." I thought, "What in the world do I do with this little guy?"

Of course, instinct kicked in, and I eventually learned how to give my little guy what he needed. Even though those first few weeks and months are exhausting, most babies handle entry into the world just fine, and so do we. We're reassured when they seem comfortable and content and figure out pretty quickly what they need when they start to fuss. We take a bazillion pictures to document every moment in their physical development and settle into our various versions of family life.

Time goes by, and before we know it, our babies are heading off to nursery school or preschool. All of a sudden, their little prince and princess habits need to be toned down a bit. Those temper tantrums they throw at home to get their way start to show up at school. Their tendencies to ignore Mom and Dad's directions don't disappear when they show up at "Future Leaders of America Nursery School." Their inability to share becomes a focus for concern. That high energy that they used to be able to wear out on their little trikes bubbles out all over the rug at circle time.

Even more bewildering is the total change of rules when they transition from preschool to kindergarten. During their preschool years, they were encouraged for talking and playing with other little kids. Then they head into kindergarten, and it's no longer "OK" to do that in the classroom. Being a "helper" in my two youngest sons' kindergarten class was a real eye-opener. At times I could feel frustration mounting and the tension in the air as I watched little boys and girls get corrected whenever their eyes were not on their own work, when they were talking with others, when they were touching anything but what was in front of them, and when they got out of their seat to visit with a buddy in their class. All of this was OK in preschool. Who changed the rules?!

For most kids, these are just momentary glitches. Parents and teachers are able to teach and encourage preschoolers and kindergarten students how to act in social situations. Most will learn within a few months how to handle this new world. They learn to pay attention when the teacher talks and follow directions in the classroom. They can focus on their work for the 10 or 15 minutes required and get most of it done. They learn how to make friends, figure out how to share, and handle those moments when they feel frustrated without saying mean things, biting, or hitting other kids. They experience small measures of success and newfound friendships—life is pretty good.

However, some children don't learn these lessons so easily. No matter how many times a parent or teacher says, "Look at me when I'm speaking," the child continues to look everywhere else. No matter how many times a parent or teacher tells a child to sit still, stay in line, use "inside voices," or share, change just doesn't come. No matter how many times they tell a child to stop grabbing and pushing, they still find themselves pulling the child off of other kids. These children don't seem to understand words such as *boundaries* and *personal space* and are constantly being corrected for being "hyperactive" and "impulsive."

For other children and teens, the issue isn't about being restless, impulsive, or overly active. Instead, the problem for these children is that they don't pay attention very well unless they are involved in doing something they like. These are the kids who can't remember to bring home their assignments but can remind you that you promised to take them shopping a week ago (and give you the exact time, exact place, and your exact words). These are the kids who give up on practicing their spelling words or math problems in 30 seconds but could play Minecraft, build with LEGO® bricks, watch TV, ride their bikes, or skate for hours. These are the kids who couldn't follow through on a simple instruction such as "Please put away your dishes" but could give you detailed instructions about how to succeed on a video game or operate your smartphone, tablet, or other electronic device. About 5% of our children have a degree of inattention, impulsivity, or restlessness at home or school (or both) that doesn't ever seem to get much better because they have something called attention-deficit/hyperactivity disorder (ADHD).

DOES YOUR CHILD HAVE ADHD?

If you are uncertain if your child has ADHD, take a couple of minutes to complete this checklist that provides the core symptoms of ADHD. For a child or a teenager to have ADHD, they need to

show at least six symptoms of inattention, and/or hyperactivity and impulsivity, for at least 6 months. Here are the symptoms of ADHD as listed in the diagnostic manual used by physicians, psychologists, social workers, and other mental health counselors (*Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*; American Psychiatric Association, 2013).¹ Check if the problem described is a cause of concern to you.

Inattention

My child has problems²

- _____ paying close attention to details and makes careless mistakes in school tasks, work assignments, or other activities
- _____ sustaining attention in tasks or play activities
- _____ listening when spoken to directly
- _____ organizing tasks and activities
- _____ engaging in tasks that require sustained mental effort (like school or homework)
- _____ with losing things that are necessary for tasks or activities
- _____ with distractibility
- _____ with forgetfulness

Number of symptoms of inattention: _____

¹For counselors and therapists reading this book, as of October 1, 2015, for billing purposes, mental health professionals are required to use the latest version of the World Health Organization's diagnostic coding guidelines, laid out in the *International Classification of Diseases*, or ICD. For more information, see <http://www.apa.org/international/outreach/who-icd-revision.aspx>.

²Checklist from *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.), by the American Psychiatric Association, 2013, Washington, DC: American Psychiatric Association. Copyright 2013 by the American Psychiatric Association. Adapted with permission.

Hyperactivity/Impulsivity

My child has problems

- _____ controlling fidgeting with hands or feet; is squirmy
- _____ with leaving seat in the classroom or other situations in which remaining seated is expected
- _____ controlling the urge to run about or climb excessively when it is inappropriate
- _____ playing or engaging in leisure activities quietly
- _____ controlling the urge to talk excessively
- _____ controlling the urge to blurt out answers before questions have been completed
- _____ waiting turn
- _____ controlling the urge to interrupt or intrude on others
- _____ with restlessness
- _____ with excessive activity; is on the go or seems “driven by a motor”

Number of symptoms of hyperactivity/impulsivity: _____

If your child has shown at least six symptoms of inattention, six symptoms of hyperactivity/impulsivity, or both for 6 months or longer, and these problems seem to be happening more often than they do in other kids their age, then there is reason for you to wonder about a possible diagnosis of ADHD.

WHEN DID THE SYMPTOMS BEGIN?

The next question to ask yourself is: “When did these problems begin?” Parents of a child or teen with ADHD will almost always recall that they started being concerned about their child’s attention, impulsivity, or restlessness by the time the child was 12 years old.

If symptoms began by that age, it is another indicator that the child has ADHD.

WHERE ARE THE SYMPTOMS OCCURRING?

Children and teens with ADHD won't have problems paying attention in just one situation. Although children who are inattentive but not hyperactive may not be rated as having an unusual number of symptoms in all settings, it is rare for a child with ADHD to show some symptoms in only one place. The child who is having problems paying attention to instructions, following directions, or controlling behavior at home is also likely to be having similar problems at school; at an after-school activity; or at an evening dance, gymnastics, karate, scouting, or sports program. If your child is having some problems of inattention and/or impulsivity and hyperactivity in more than one setting, then you have another reason to wonder about a diagnosis of ADHD.

ARE THE SYMPTOMS BEING CAUSED BY OTHER MEDICAL OR PSYCHOLOGICAL PROBLEMS?

The next step for you would be to meet with your child's physician and begin the process of medical and psychological evaluation to determine whether your child truly has ADHD. For example, at my clinic, nearly 33% of children have been found to have a vitamin D deficiency or insufficiency, which can cause symptoms of inattention and mood problems. Another 25% have learned that they have undiagnosed visual problems (e.g., visual tracking and convergence disorders) that make it difficult for a child to pay attention while reading, writing, and completing math problems. Even though the lessons in this text have helped children with and without ADHD, my experience is that unless the medical causes of a child's symptoms of inattention,

impulsivity, and hyperactivity have been identified and treated, their ability to learn life skills will be hampered. So take the necessary steps to make sure that your child is accurately diagnosed and treated before beginning this program.

FOCUS ON SKILL DEVELOPMENT

Checklists listing symptoms of ADHD naturally focus on what's going wrong, which is helpful in figuring out if a child has a condition like ADHD. My perspective is that treatment for children and teens with ADHD needs to go beyond symptoms and focus on what skills we want our children to learn. To help you with this task, I've also included one other checklist that you might find helpful, whether you're raising a child with ADHD or are a counselor, health care provider, or educator interested in teaching life skills at your school, office, or clinic. The "Functional Assessment Checklist: Home Version," at the end of this chapter, provides a way to help you get a comprehensive picture of the kinds of skills that a child may need to develop. After you've taught the lessons in this book, you can use the checklist again to get an idea of which lessons have been learned and which still need to be developed. Some parents, physicians, educators, and counselors find it helpful to determine a "score" indicating their child's level of functioning. To that end, I've included a copy of the "Interpretation Guide for the Functional Assessment Checklist: Home Version" for you to use as well.

WHY I WROTE THIS BOOK

When I began my career as a clinical psychologist, I was asked to pitch in and try to help children and teens who had ADHD. I quickly realized that I didn't have much to offer. To be honest, most of what I had been taught simply did not work with

kids who had ADHD. Even though I was uncertain how to best help these children, I was certain about one thing: These kids had grabbed my attention and my heart. It was true that many of these children would come into my clinic and either have nothing to say or have a lot to say about nothing that seemed important. And yes, these were the kids who couldn't remember to brush their teeth in the morning but could remember what mom or dad promised 3 days ago. They were the kids who'd get uncontrollably furious over some disappointment, but get over it in 15 minutes, even though their parents couldn't. These were the kids who wanted to have friends, but hardly anyone wanted to hang out with them. At recess time, they just stayed by themselves or ran around in circles. No one invited them over for play dates; rarely were they invited to birthday parties.

Despite all these problems, I couldn't help but be drawn to the enthusiasm and talents of these kids. Even though they'd be bored out of their minds on the baseball field, they could do amazing tricks on their bikes or skateboards; become black belts at age 10; and amaze people with their dancing, dramatic, or musical ability. These were the kids who couldn't figure out their multiplication tables but could build a replica of Captain America out of LEGO pieces. These were the kids who struggled so hard not to become the "Child Left Behind" in school but ended up believing that they were just stupid and had no real future simply because they could not master advanced mathematics, figure out the meaning of some metaphor in an obscure poem, remember two semesters of historical trivia so that they could pass state examinations in global studies, or write a three-page paper on *The Catcher in the Rye*. These kids were highly creative, intelligent, and talented but simply didn't succeed at schoolwork. I became determined to help them find a way to develop the skills they needed to develop friendships, a sense of purpose, and confidence.

During the past 20 years, I have dedicated myself to trying to understand what was going on physically with these children and teens. After all, how could children who could pay such great atten-

tion on some things be so unable to focus on schoolwork? I used a kind of brain scan (a quantitative electroencephalogram, or EEG) in my research and learned a lot about the behavior of the brains of children of ADHD. As a psychologist, it was a great feeling to see so many parents express relief and excitement as they watched a brain scan provide information about the neurological symptoms of ADHD in their child. After evaluating thousands of children and teens, my model for the diagnosis and treatment of ADHD was published by the American Psychological Association in the book *Unlocking the Potential of Patients With ADHD: A Model for Clinical Practice*.³

What I learned during those decades was helpful in guiding certain parts of the treatment of my patients. However, I was left with the feeling that I had dedicated my time to helping kids improve their attention without ever focusing on what was really important for them to learn. At first, I worked with the parents of children at our clinic to try to figure out the kinds of parenting techniques that seemed to help teach and motivate children to learn new skills. This research proved quite productive and led to the publication of our award-winning parenting program, presented in the first two editions of my book *Parenting Children With ADHD: 10 Lessons That Medicine Cannot Teach*.⁴ However, even though the parenting program helped at home, my patients still seemed to have a lot of social problems at school and other situations.

So we took life skill instruction one step further. Because my patients and their parents knew that many of their problems involved other people, we needed to find a way to teach and practice life skills with others. We recognized that even if children could learn how to have conversations with their parents, they still had to learn how

³Monastra, V. J. (2008). *Unlocking the potential of patients with ADHD: A model for clinical practice*. Washington, DC: American Psychological Association.

⁴Monastra, V. J. (2004). *Parenting children with ADHD: 10 lessons that medicine cannot teach*. Washington, DC: American Psychological Association.

Monastra, V. J. (2014). *Parenting children with ADHD: 10 lessons that medicine cannot teach* (2nd ed.). Washington, DC: American Psychological Association.

to have conversations with kids their age. We realized that even if a child felt loved by his or her parents, there were other sources of confidence that involve experiences not all parents can provide. Most important, we were aware that many of the children avoided involvement in group activities. We feared the long-term results of this isolation and felt compelled to act. We knew that we needed to go “beyond attention.”

What emerged over the next decade was a life skills program that could be taught in homes, schools, clinics, and ADHD support groups. In our program, groups of parents and children work together to establish friendships and a social network and to learn essential life skills. Because we recognized that learning any new skill requires ongoing practice, one of the key components of my clinic’s program has been the establishment of communication networks between parents so that each child would have about 10 to 15 new friends with whom they could have fun and practice skills between classes. In the first meeting, kids and their parents share phone numbers and e-mail addresses and arrange to get together between classes. One of the most fulfilling parts of my involvement in the program occurred when I had the chance to listen to kids describe what they had done with their new friends between classes.

WHAT’S IN THIS BOOK

This book describes our clinic’s Life Skills Program and how you can develop essential life skills in children at home; at school; or in a support group for parents, grandparents, and other care providers of children and teens with ADHD.

The book is set up so that you can get a feel for what it is like to be part of a life skills class. Just like I do at my clinic, I start each chapter by talking about the problem we’re taking on and the life skill that you’ll be learning. Then there are exercises to teach, model,

and practice these skills. At the end, there is a challenge activity related to the skill being taught in which kids and their parents or other care providers have fun competing for prizes.

Like the program offered at my clinic, this book begins with a lesson on healthy diet, sleep, and exercise habits. That's because hungry, tired, and out of shape kids don't learn anything very well. The same is true for kids who have other kinds of medical problems that can cause attention problems (e.g., anemia, hypoglycemia, diabetes, thyroid disorders, and allergies, as well as deficiencies of vitamins D and B, calcium, zinc, and magnesium). For that reason, every child who participates in our Life Skills Program has been screened for such medical problems before they begin our classes, and we emphasize healthy eating, sleeping, and exercise habits throughout the program.

The next series of lessons focuses on building confidence. We concentrate on improving confidence through learning skills that matter to other kids, facing fears, developing friendships, and acting in a way that matches the child's moral code. We also teach children how to join social groups, engage others in conversation, and respond to peer rejection and teasing. The program also includes lessons on problem solving, organizational skills, and developing "emotional sensitivity" (i.e., showing appreciation, kindness, and generosity). Although teaching organizational skills would seem to be a lesson that some parents would like us to take on earlier in the program, I've found that the development of friendships with the other children in the group is enhanced by focusing on helping children "team up" to face fears, try out new activities, and practice conversational skills. For that reason, the lesson on organization follows those targeting confidence building.

In this book, you will find practical strategies for teaching each of these life skills. You will also learn ways to make the lessons interesting and fun. One of the most fundamental lessons I've learned is that kids with ADHD will pay attention if what they are seeing and hearing comes across as important, interesting, or fun. So each

lesson in this book contains two parts: a presentation of the lesson intended for parents, counselors, teachers, or other group leaders and a worksheet to be used with the child or children participating in the group.

HOW THE LIFE SKILLS PROGRAM WORKS AT MY CLINIC

To help sustain interest and the attention of kids, I have found it helpful to divide each class into four parts. Initially, I encourage groups to have pizza or some other kind of easy finger food for a light snack. This reduces anxiety and sets the stage for practicing conversation skills in a common setting (i.e., while eating with peers). At our clinic, we set up small seating arrangements for groups of three or four parent-child pairs. While they munch, each child is encouraged to describe one way that he or she practiced the skill from the previous lesson in the group. Group leaders circulate around the room to ensure that each child participates in this part of the program. We require parents to accompany their child to class and stay with the child for the entire session. One reason for parent presence is that it helps to keep kids focused, on task, and engaged. It also helps parents learn what we are teaching so that they can continue to practice and reinforce lessons at home.

Next, the day's lesson is presented. These are brief presentations, and each child is given a worksheet to follow along with their parent. The group leaders demonstrate the skills described and then guide parents and kids in the practice exercises. Because children with ADHD will quickly tune out if the leader is boring, it is important to remember that lessons have to be presented in ways that are lively and engaging. The group leaders need to find ways to make the lessons interesting and fun while getting across the benefits of trying out the new skill. Kids with ADHD are built to tune out the uninteresting, unimportant, and nonfun aspects of life.

Following the guided practice time, there is a group competition in which some aspect of the day's lesson is developed into a game in which parent-child pairs compete with each other for a prize (cash, tickets to a movie, gift cards for bowling, passes to the zoo, nearby science center, etc.). Finally, we review the homework for the coming week, discuss ways to inspire kids to practice, and make sure that kids are paired with others for home practice and end the meeting.

HOW YOU CAN TEACH LIFE SKILLS USING THIS BOOK

If you are not planning on teaching your child these life skills in a group, then I'd recommend that you set up a time each week for teaching and practice. Usually, there's more time on the weekend than during the week. If you anchor the time around a meal, you can begin with eating and then shift into a conversation about the life skill that you'd like your child to practice and learn in the coming week. If you have other children, you'll probably find that they will want to join, and it's often worthwhile to include them to help practice the lessons being taught. You'll also discover that it's helpful to set up goals for your other children to accomplish each week, even if they don't have ADHD. This way, your child with ADHD doesn't feel like he or she is the only one in the family who needs to work at "getting better." Kids also like it when their parents share some of their goals for the week so that they can learn from them how to set out and achieve a personal goal.

If you are interested in reading scientific papers on any of the topics that I talk about, consult the Supplemental Resources section at the end of the book. I've arranged the resources by lesson to make it easier for you to find what you're looking for. I've included a couple of sources that can provide more detailed information. From my perspective, the best resource to learn about the scientific research on ADHD or on any topic is to search on PubMed. This

online library was developed and is maintained by the National Institutes of Health and gives you access to more than 23 million scientific studies. PubMed can be found online at <http://www.ncbi.nlm.nih.gov/pubmed>. Just type in the key words about the topic that you want to learn more about, and you're on your way to a world of information. The Supplemental Resources section also includes some websites that you might find interesting and informative.

Teaching Life Skills to Children and Teens With ADHD was written so that you could teach the lessons we've learned at my clinic in your home and your community. Although a parent, grandparent, or other guardian and a child could use this book alone, I encourage you to pair up with other parents who have a child with ADHD to get the most out of this experience. Counselors, mental health providers, or local ADHD support groups (e.g., Children and Adults With ADHD; <http://www.chadd.org>) can use the information contained in this book to establish Life Skills groups in their schools, clinics, and practices. By teaming up with others, you will be able to establish a group of friends for your child. Such social networks will become crucial as children proceed through the middle school and high school years.

As you read, you'll find that many chapters contain checklists, worksheets, or both. I included these as tools for reflection, teaching, and engaging children and teens in learning life skills. Some of them take the form of quizzes; others are more like a guided journal entry. They're designed to help your children (or the kids in your Life Skills group) develop new habits and patterns of behavior that will make them more successful in life, both during their school years and when they hit adulthood. If you are working with a group, you might want to download and photocopy some of the worksheets. To do this, go to <http://pubs.apa.org/books/supp/monastra-teaching>. The worksheets are not for commercial use. If you would like to repost or use the worksheets in any format, please obtain

written permission from APA's permissions office, or, where indicated on the worksheet, from me, at the FPI Attention Disorders Clinic (<http://www.drvincemonastra.com>; e-mail: dr.vincemonastra@gmail.com).

WHEN TO GET PROFESSIONAL HELP

ADHD is not a condition that is easily “fixed.” Even though stories shared on the Internet may suggest that a child with ADHD was somehow magically “cured” by a particular medication, dietary supplement, attention training program, counseling approach, or other helpful intervention, no treatment takes care of all of the various kinds of problems experienced by a child or teenager with ADHD. Children and teens with ADHD are often talented, quite smart, and wonderfully engaging and creative people. However, every child who has been diagnosed with ADHD will experience some type of difficulties learning how to succeed at home, at school, and in the community.

You and I both realize that your child is able to do some things very well. You and I also know that if your child has ADHD, there are a number of skills that he or she needs to learn. Some of the lessons that you'll try to teach will come easily. You'll read a lesson in this book, try out the approach that I'm sharing with you, and your child will get it right away. However, other times you'll try to teach your child, but it will be really hard for him or her to learn.

For example, some of my patients really struggle with the textures of foods, and so it is difficult for them to eat enough protein. Although I mention several strategies to overcome this kind of problem, you might find that nothing is working. Consultation with your child's physician, a nutritionist, or a mental health professional who is familiar with eating problems may really help you find ways to “desensitize” your child to these new textures and improve his or her diet.

Other children and teens that I work with really have a hard time controlling their emotional reactions. Some are so fearful that they won't try anything new. They'll just want to hang out at home and play their electronic devices, asserting that "everything else is boring." Although I've included strategies to help these children break out of their shell, consultation with a mental health provider who is familiar with behavioral therapy techniques (such as exposure therapy and in vivo desensitization) may prove helpful too.

Problems with depression and anger outbursts can also be hard for some of my patients to overcome. The lessons that I teach in this book may be enough to help children learn how to calm down, get focused, and figure out how to get what they want. However, if the suggestions in the book do not seem to be working, consultation with your child's physician and a mental health professional will be needed.

Conversations also can be difficult for children and teens with ADHD. Again, I hope that the suggestions and exercises I describe in this book will be a great way to begin to turn this around. But if your child is making little headway as you work through the exercises in this book, it may be useful for you to seek help from a speech-language therapist to work on what are called *pragmatic language problems*. That's a fancy name to describe the speech or language problems that a child is having with day-to-day conversations and social interactions.

The bottom line is that every child or teenager with ADHD needs to be working with a knowledgeable physician, mental health provider and other specialists who realize that successful treatment for patients with ADHD takes more than a 15-minute monthly medication checkup or a weekly, unfocused 30-minute play therapy session in which the child and therapist hang out and play some type of board game or electronic game, while the therapist asks "How's it going at home? How's it going at school?" If that's what is happening with your child, I'd encourage you to consult with a professional

who is well versed in the treatment of ADHD and can work with you to systematically teach the types of skills covered in this book.

Even though it will take time to build the skills taught here, now is the time to start. Every day that children experience the pain of social rejection, the humiliation of academic failure, and the sense that they aren't loved because all they ever hear is that they're doing something wrong, they become more convinced that life is hopeless. Too many children have reached that conclusion, with tragic results. So let's begin.

Functional Assessment Checklist: Home Version

Child's Name: _____
Name of Rater: _____
Relation to Child: _____
Date of Rating: _____

Children and teens diagnosed with ADHD can have a wide range of problems at home. To develop a comprehensive treatment program to best help your child and to evaluate your child's progress, I would like you to complete this brief checklist. Please read each statement and write a numerical rating from 1 to 5 (or write N) using the following scale:

1. Rarely or never
2. Once or twice per week
3. Three or four times per week
4. Almost daily
5. Every day
- N. Not expected at this age.

INDEPENDENT LIVING SKILLS:

- ____ Wakes in the morning, without repeated prompting
____ Washes, brushes teeth, combs hair, without repeated prompting

(continued)

Functional Assessment Checklist: Home Version (Continued)

- ___ Gets dressed in the morning without repeated prompting
- ___ Makes bed in the morning without repeated prompting
- ___ Eats breakfast that includes some kind of protein without repeated prompting
- ___ Takes medication without repeated prompting
- ___ Remembers to pack homework, school papers without repeated prompting
- ___ Gets to the school bus (or car) on time in the morning without repeated prompting
- ___ Eats a lunch at school that includes protein
- ___ Comes home after school on time
- ___ Does homework without repeated prompting
- ___ Does at least one "chore" without repeated prompting
- ___ Eats a dinner that includes protein without prompting
- ___ Puts away clothes, toys, papers, etc., without repeated prompting
- ___ Uses a calendar, phone, computer, or other device to keep track of their schedule
- ___ Cleans room without repeated prompting
- ___ Washes up, brushes teeth in the evening without repeated prompting
- ___ Goes to the bedroom at bedtime and rests quietly without repeated prompting
- ___ **Total: Independent Living Skills**

SCHOOL FUNCTIONING:

Please read each statement and write a numerical rating from 1 to 5 (or write "N") using the following scale:

1. Rarely or never
2. Once or twice per week
3. Three or four times per week
4. Almost daily
5. Every day
- N. Not expected at this age

Functional Assessment Checklist: Home Version (Continued)

- ___ Gets to classes on time
- ___ Brings the necessary books and materials to class
- ___ Remembers to turn in homework
- ___ Sits in seat at school
- ___ Does not interrupt the teacher
- ___ Speaks when called on in class
- ___ Does school work in class
- ___ Copies down homework assignments
- ___ Remembers to bring home books and materials needed for homework

___ **Total: School Functioning**

EMOTIONAL CONTROL:

Please read each statement and write a numerical rating from 1 to 5 (or write "N") using the following scale:

- 1. Rarely or never
 - 2. Once or twice per week
 - 3. Three or four times per week
 - 4. Almost daily
 - 5. Every day
 - N. Not expected at this age
-
- ___ Follows parent instructions without arguing
 - ___ Solves disagreements with siblings and parents without arguing or fighting
 - ___ Controls physical outbursts of anger (e.g., throwing/hitting objects; striking people)
 - ___ Controls verbal outbursts of anger (e.g., insulting, yelling, threatening others)
 - ___ Apologizes, accepts responsibility for mistakes, and makes up
 - ___ Handles disappointment without sulking, complaining, or crying
 - ___ Attempts activities that cause anxiety

___ **Total: Emotional Control**

(continued)

Functional Assessment Checklist: Home Version (*Continued*)

SOCIAL SKILLS:

Please read each statement and write a numerical rating from 1 to 5 (or write "N") using the following scale:

- 1. Rarely or never
- 2. Once or twice per week
- 3. Three or four times per week
- 4. Almost daily
- 5. Every day
- N. Not expected at this age

- ___ Does something kind and thoughtful for another family member
- ___ Tells a story about their day during meal time
- ___ Listens to other family members tell stories about their day
- ___ Asks questions that are on the topic when listening to other family members
- ___ Shares toys, games, and other playthings without complaint
- ___ Spends time reading, painting, building, playing a musical instrument, or engaging in any recreational activity that requires thinking (*not* video/computer games)
- ___ Calls/contacts another child to talk
- ___ Is called/contacted by another child to talk
- ___ Invites a friend to get together
- ___ Is invited by a friend to get together
- ___ Joins and participates in an organized community social group (e.g., sports, scouts, dance, music, drama, church group, 4-H Club, or other group)

___ **Total Social Skills**

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Interpretation Guide for the Functional Assessment Checklist: Home Version

The evaluation of functional impairment is a requirement for determining a diagnosis of attention-deficit/hyperactivity disorder (ADHD) according to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*.⁵ The Functional Assessment Checklist: Home Version (FAC:H) provides the perspective of a parent, grandparent, or other caregiver on the functional abilities of a child in grades K to 12 in the following categories: Independent Living Skills, School Functioning, Emotional Control, and Social Skills. Raters provide an assessment of the frequency of targeted behaviors, using a coding system ranging from 1 (*Rarely or never*) to 5 (*Every day*). For interpretative purposes, scores are summed and averaged within each category. An overall impairment index is determined as well.

SCORING:

Parents or other caregivers are requested to respond to a total of 45 questions, using the following rating system:

1. Rarely or never
2. Once or twice per week
3. Three or four times per week
4. Almost daily
5. Every day
- N. Not expected at this age.

Next, the ratings are summed for each category and averaged, providing a category rating ranging from 1 to 5.

Finally, the averaged ratings for each category are summed and a cumulative average is determined.

⁵American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.

(continued)

Interpretation Guide for the Functional Assessment Checklist: Home Version (*Continued*)

INTERPRETATION:

Because the FAC:H provides an assessment of the frequency of targeted behaviors at home, the following classifications are used to describe degree of functional impairment:

CATEGORY/CUMULATIVE IMPAIRMENT RATINGS:

1.0 to 1.49: Severe Impairment

The child has been rated as “rarely/never” demonstrating skills that would be expected in a school-aged child.

1.50 to 2.49: Moderate Impairment

The child has been rated as demonstrating skills that would be expected in a school-aged child “rarely/never” to only “once or twice per week.”

2.50 to 3.49: Mild Impairment

The child has been rated as usually demonstrating expected life skills from “once or twice per week” to “almost daily.”

3.50 to 5.00: No Impairment

The child has been rated as usually demonstrating expected life skills “almost daily” to “every day.”

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